

*** INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED FOR EMPLOYMENT.***

**ILLINOIS DEPARTMENT OF AGRICULTURE
2018 SUMMER EMPLOYMENT APPLICATION**

Social Security Number _____ **IL DL or ID#** _____ **Date of Birth/Age (Optional)** _____ / _____

Last Name First Name MI A/C Phone Number 2nd Phone Number

Mailing Address

City State Zip County

Circle No. _____
High School OR GED College - University

Years Completed 0 1 2 3 4 Graduated YES NO Received GED Cert. YES NO 0 1 2 3 4 5 6 7 8 Grad. YES NO

VETERANS PREFERENCE: For assistance contact Veterans Outreach at 1-800-643-8138 or Illinois Relay Center at 1-800-526-0844 (TTY only).

CITIZENSHIP: check box below:

U.S. Citizen Non-Immigrant Alien

Permanent Resident Alien Visa Type: _____
reg. no.: _____

Selective Service:
Are you currently registered with the Selective Service
System: Yes No
Reg. # _____
Required for males age 18 - 26

- I wish to claim Veterans Preference: attached is the most recent certified copy of my DD214/215. (If claiming **service-connected disability**, also include a copy of U.S. Veterans Affairs award letter.)
- I wish to claim Veterans Preference as an **IL National Guard/Reservist**. Attached is a letter from my unit personnel indicating I am currently serving under **honorable** conditions or a copy of my NGB22 stating my discharge was under **honorable** conditions.
- I wish to claim Veterans Preference as a surviving unmarried spouse or one parent of an unmarried veteran who suffered a service-connected death or disability that prevents the veteran from qualifying for civil service employment.
- I have submitted required military documentation to CMS after **January 01, 2000** and have already established Veterans Preference with CMS.

The State of Illinois is an Equal Opportunity Employer. We invite you to complete the following. Completion of this information is not required. Circle **ONE** letter.

FEMALE	MALE	
A	G	White not of Hispanic Origin. A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
B	H	African American not of Hispanic Origin. A person having origins in any of the black racial groups of Africa.
C	J	Native American . A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community.
D	K	Asian . A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
E	L	Hispanic . A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.
P	Q	Native Hawaiian or Other Pacific Islander . A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

If your answer to any of the following questions is "yes", attach a detailed statement.

Have you ever been discharged from a job? YES NO

Are you currently in default on the repayment of any State educational loan? YES NO

State Law provides that any employee who is in default on the repayment of any education loan for a period of 6 months or more and in the amount of \$600.00 or more shall, as a **condition of employment, make a satisfactory loan repayment arrangement with the maker or guarantor of the loan.

Are you a member of the State Employees' Retirement System of Illinois? YES NO
Or have credit in a system which is considered under the Retirement System's Reciprocal Act?
Name of System _____

Are you receiving State of Illinois Retirement Benefits? YES NO

Are you presently working for the State of Illinois? YES NO
Name of Department _____

**Desired work Locations:
(please check all that apply)**

Pari-mutuel (must be 18)
(Horse Racing Windows)

Security (must be 18)

Maintenance
 Day
 Night (must be 18)

Office/Clerical

Parking (DuQuoin Only)

Admissions (DuQuoin Only)

Trams (DuQuoin Only) (must be 18)

Available for work from: _____ to _____
month/day month/day

Are you available to work the two (2) weeks of the Fair? Yes No _____ Springfield (8/9-19) _____ DuQuoin (8/24 - 9/3)

I authorize release of this and other information covering job-related factors for the purpose of verification and determination of suitability for state employment. I certify that the information on this application is true and accurate and understand that misrepresentation of any material fact may be grounds for ineligibility or termination of employment.

Written Signature _____ Date _____

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IN CASE OF EMERGENCY, NOTIFY

1. _____
 Name Address Phone Relationship

2. _____
 Name Address Phone Relationship

SECTION II - EXPERIENCE REPORT - If no experience, please indicate N/A.

List and describe your work experience. Begin with your present position and work backwards. Include title changes resulting in promotions. List pertinent military experience. Omissions or misstatements of material facts may cause forfeiture of rights to employment

VOLUNTEER EXPERIENCE: Related volunteer experience for which no salary was received will be given the same credit as equivalent paid experience. **List the actual number of hours worked** per week or month, and describe fully the duties performed so appropriate credit can be given.

PREVIOUS DEPARTMENT OF AGRICULTURE EMPLOYMENT MUST BE INCLUDED IN WORK HISTORY

CURRENTLY (OR LAST)
 EMPLOYED BY: _____ DATES OF EMPLOYMENT FROM _____ TO _____
MO/YR MO/YR

ADDRESS _____ TOTAL: YEARS _____ MONTHS _____

_____ HOURS WORKED PER WEEK _____

PAYROLL TITLE: _____ MONTHLY SALARY: STARTING _____ ENDING _____

IF YOU HAD SUPERVISORY RESPONSIBILITY FOR ANY OF THE FOLLOWING ON A CONTINUING BASIS, INDICATE IN THE APPROPRIATE BOX THE NUMBER OF EMPLOYEES INVOLVED.

MANUAL/TRADES	CLERICAL/TECHNICAL	PROFESSIONAL	ADMINISTRATIVE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING	LEAVE BLANK Level _____ Amount _____
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EMPLOYED BY: _____ DATES OF EMPLOYMENT FROM _____ TO _____
MO/YR MO/YR

ADDRESS _____ TOTAL: YEARS _____ MONTHS _____

_____ HOURS WORKED PER WEEK _____

PAYROLL TITLE: _____ MONTHLY SALARY: STARTING _____ ENDING _____

IF YOU HAD SUPERVISORY RESPONSIBILITY FOR ANY OF THE FOLLOWING ON A CONTINUING BASIS, INDICATE IN THE APPROPRIATE BOX THE NUMBER OF EMPLOYEES INVOLVED.

MANUAL/TRADES	CLERICAL/TECHNICAL	PROFESSIONAL	ADMINISTRATIVE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING	LEAVE BLANK Level _____ Amount _____
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**Illinois Department of Central Management Services
Self-Disclosure of Criminal History
(continued)**

Printed Name (include full name, and include any other names by which you have been known)

Signature

Date of Birth

Address

City, State

Zip Code

Driver's License Number/State Issued

Have you ever been convicted of a criminal offense other than a minor traffic violation?

Yes

No

If your answer to the foregoing question is "yes", please provide a detailed statement for each said occurrence (use additional paper as necessary):

Completion of a separate Authorization for Release of Criminal History information form may be required for the purpose of conducting a background check through the Illinois State Police in accordance with the Uniform Conviction Information Act.

Where the hiring agency elects to require completion of the Self-Disclosure of Criminal History form, an agency, board or commission shall refuse to consider further any candidate who refuses to complete and sign the form.

To be completed by hiring agency:

Position Title

Position Number

Date of Interview

Agency Representative Signature

COMPLETE AND SIGN BOTH SIDES OF THIS FORM

**Illinois Department of Central Management Services
Self-Disclosure of Criminal History**

Use of this form is only permitted once an applicant has been deemed eligible and is being considered for a specific position.

Per Administrative Order #1, 2013, it is the policy of the State of Illinois to not base employment decisions on the criminal history of an applicant for state employment unless:

Federal or state law prohibits hiring an individual with certain criminal convictions for the position that applicant is seeking; OR

The applicant has been convicted of an infraction that is reasonably related to the position sought, and denial of employment based on that criminal history is consistent with business necessity and the State's duty to serve and protect its citizens.

An agency, board or commission may only consider current convictions and may not consider arrests. However, an agency, board or commission may consider information which indicates that the candidate actually engaged in the conduct for which he/she was arrested. Nevertheless, convictions which have been subsequently pardoned, expunged, or sealed, unless otherwise permitted bylaw, may not be considered

Any voluntary disclosed prior criminal history shall not be considered during the interview process and is only subject to consideration at a separate point in the hiring process. The review process shall only exclude a candidate relative to his/her criminal history where it is determined that exclusion is job-related and consistent with business necessity, including consideration of at least the following factors.

1. The nature and gravity off the offense;
2. The time that has elapsed since the conviction and/or completion of sentence; and
3. The nature of the job being sought.

Providing this Self-Disclosure of Criminal History information may be required in accordance with the hiring agency, board or commission's policies and procedures regarding employment within that agency, board or commission. In these instances, failure to complete the self-disclosure or adequately disclose criminal history as described above on the Self-Disclosure of Criminal History information form may disqualify an applicant from further employment consideration.

Applicant Certification:

I have read and understand the contents of and conditions of use for information provided on this Self-Disclosure of Criminal History form. I certify that the information provided by me on this release is true and accurate to the best of my knowledge and understand that misrepresentation of this material may be grounds for ineligibility for or termination of employment.

Witness

Signature and Date

COMPLETE AND SIGN BOTH SIDES OF THIS FORM